

Speech Pathology — Referral to Specialist AAC Service for a Non-verbal Adult

THE CASE NOTES

Patient: Mr Ethan Larsson, 24 years old; autism spectrum disorder and moderate intellectual disability; lives in supported accommodation

Current communication: Non-verbal (no functional speech); uses approximately 50 Makaton signs and 30 PCS symbols (carried on a printed communication card); communicates basic needs (eat, drink, toilet, pain, stop); cannot initiate social interaction or express choices, preferences, or emotions beyond immediate needs

Receptive language: Understands simple 2-step instructions in familiar context; object recognition reliable; responds to visual schedules; limited response to spoken-only instruction without visual support

Cognitive level: Non-verbal reasoning (Leiter R): moderate intellectual disability range; VABS-3 (adaptive behaviour): communication domain 5th percentile for age

Current device trials: Tried a 32-cell static PECS-style board — too limited; tried a 7-inch AAC tablet with Proloquo2Go (32 cells, basic vocabulary set) — demonstrated emerging interest; problem: does not independently navigate to vocabulary beyond the home screen

Goal: Expand communicative vocabulary for expressing choice, refusal, and social initiation; a high-tech AAC device assessment is required to determine whether a dynamic display with personalised vocabulary set is appropriate and which device/vocabulary system best matches his profile

Carer involvement: Support workers at accommodation are committed; carer training in AAC will be required alongside device prescription

Task: Write a referral letter to the specialist AAC service, Ms Brigid Flynn, requesting a comprehensive device assessment for Mr Larsson.

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WHAT TO INCLUDE

- + **Current functional communication: 50 Makaton signs, 30 PCS symbols, basic needs only — cannot express choice, preference, or social initiation**
The specialist needs to know the current ceiling — what he can do and what is currently beyond his system. This defines the gap the AAC device must fill.
- + **The Proloquo2Go trial result: demonstrated emerging interest; limit is navigating beyond the home screen**
The device trial data tells the AAC specialist what the starting point for device training is. Emerging interest is a positive prognostic indicator; the navigation limit identifies the training challenge.
- + **That carer training alongside device prescription is required**
An AAC device without carer training is rarely used. The AAC service must factor this into their plan — the referral must make clear that the full implementation pathway is being requested, not just a device recommendation.

WHAT TO LEAVE OUT

OET Case Notes

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– The full developmental and educational history

The AAC specialist needs the current communication profile and the device trial findings — not a developmental timeline. A brief diagnostic context — 'autism spectrum disorder with moderate intellectual disability, non-verbal throughout' — is sufficient.

– The detailed Leiter R subtest scores

State the outcome: 'non-verbal reasoning in the moderate intellectual disability range.' The full cognitive assessment report is attached. Reproducing subtest scores in the referral letter adds length without adding clinical decision value for the AAC specialist.

CRITERION IN FOCUS · CONTENT

AAC referral letters are assessed on whether the referral question is specific and the clinical picture is complete. The referral question must name what is being requested: 'a comprehensive device assessment to determine whether a high-tech dynamic display AAC device with a personalised vocabulary set is appropriate, and which device and vocabulary framework best matches his profile.' A referral that only says 'please assess for AAC' does not give the service the information needed to prepare the assessment.

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